

Arkansas Critical Access Hospitals

Little Rock, Arkansas

September 10, 2013

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- This presentation is a general summary that explains certain aspects of the Medicare program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings.
- Novitas Solutions does not permit videotaping or audio recording of training events.

Agenda



- Provider Audit and Reimbursement
- Contractor Updates
- Claims Issues
- Comprehensive Error Rate Testing Program
- New Quarterly Updates
- Medicare Updates
- Website Features
- Self Service Options

PROVIDER AUDIT AND REIMBURSEMENT

JH Provider Audit Contacts



Director (JH and JL)

JH - Audit Director

Audit Manager

Audit Supervisor – Team 2 (Dallas)

Audit Supervisor – Team 3 (Dallas)

Audit Supervisor – Team 4 (Dallas)

Audit Supervisor – Team 5 (Dallas)

Audit Supervisor – Team 1 (Milwaukee, WI)

Audit Supervisor – Team 2 (Milwaukee, WI)

Audit Manager

Audit Supervisor – Team 1 (Jacksonville, FL)

Audit Supervisor – Team 2 (Jacksonville, FL)

Audit Supervisor – Team 3 (Jacksonville, FL)

Audit Supervisor – Team 4 (Jacksonville, FL)

Audit Supervisor – Team 1 (Tampa, FL)

Audit Supervisor – Team 1 (Columbus, GA)

Steve Holubowicz 414-918-2662

Tim LeJeune 214-273-7052

Lisa Travis

Lewis Flemming 214-273-7048

June Hansen 214-273-7032

Rendell Alexander 214-273-7009

Frances Haynes 214-273-7074

Ronald Ervin 414-918-2663

Jamie Ganas 414-918-2694

Jacquoline Burke 904-791-8432

Wilma Lozada 214-273-7048

Luis Rosa 214-273-7032

Murry McGowan 214-273-7009

TBD

TBD

TBD

JH Settlement/Reimbursement Contacts



Reimbursement & Settlement Manager	Pam Peffer	904-363-5279
Supervisor	Donna Silvio	412-802-1747
Settlement Supervisor	Emily Oft	412-802-1752
Reimbursement Supervisor	TBD	904-363-

All Contacts are updated on the Novitas Solutions website:
<https://www.novitas-solutions.com/parta/arcenter/contacts-a.html>

CONTRACTOR UPDATES

Medicare Administrative Contractor (MAC) Satisfaction Indicator (MSI)



How's the service provided by your MAC?

- [Register](#) to participate in the MSI
- MSI questionnaire asks about your satisfaction with specific services your MAC provides you on:
 - Claims processing
 - Medicare enrollment
 - Educational opportunities
 - Responsiveness to inquiries

Provider Enrollment



- Provider Enrollment Status Inquiry Tool
 - <https://www.novitas-solutions.com/enrollment/status.html>
- Release of Information
 - Individual Physician or Practitioner
 - Authorized Delegated Official
- Revalidation
 - Approximately 30% of providers have been revalidated over the past 2 years
 - Revalidations are expected to continue
 - Website Notification Link:
 - <https://www.novitas-solutions.com/enrollment/revalidation/mailing.html>

New Mailing Addresses




- New Mailing Addresses
 - P.O. Boxes & Zip Codes – July 29th
 - Old Addresses will work for a year
 - Website will be updated and notices published

Web Redesign




Careers



NOVITAS
SOLUTIONS
INNOVATION IN ACTION
A CMS CONTRACTOR • ISO 9001-2008 CERTIFIED

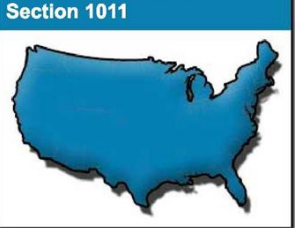
Novitas Solutions, Inc., (Novitas) provides administrative services processing for government-sponsored health care programs on behalf of the federal government and currently administers the Medicare Administrative Contractor (MAC) Jurisdiction L (JL) and Jurisdiction H (JH) contracts, which spans eleven states and Washington D.C.

Novitas Solutions also administers the payment processing for the Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens contract, as authorized under Section 1011 of the 2003 Medicare Modernization Act.

We are headquartered in Mechanicsburg, Pa., and employ more than 1,000 staff in the area. Nearly 2,000 other associates are located in field offices around the country. Novitas is a wholly-owned subsidiary of Diversified Service Options (Diversified) – wholly-owned by Blue Cross Blue Shield of Florida, Inc.

**Medicare Administrative Contract
Jurisdiction H**

PEOPLE WITH MEDICARE

**Medicare Administrative Contract
Jurisdiction L**


**Federal Reimbursement of
Emergency Health Services
Furnished to Undocumented Aliens
Section 1011**


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CLAIMS ISSUES

Alerts



- Active and archived informational alerts about billing, issues identified with corrective action and notices
- <https://www.novitas-solutions.com/parta/info-alerts.html>
- Alerts that inform providers issues identified with billing and a corrective action
- <https://www.novitas-solutions.com/parta/alerts.html>

Claims Issues Log



- Identifies the date an issue was reported
- Providers or workload impacted
- Reason code
- Description of problem, and a workaround/scheduled fix
- <https://www.novitas-solutions.com/claims/issues/issues-a.html>

Top Claim Submission Errors (Part A)



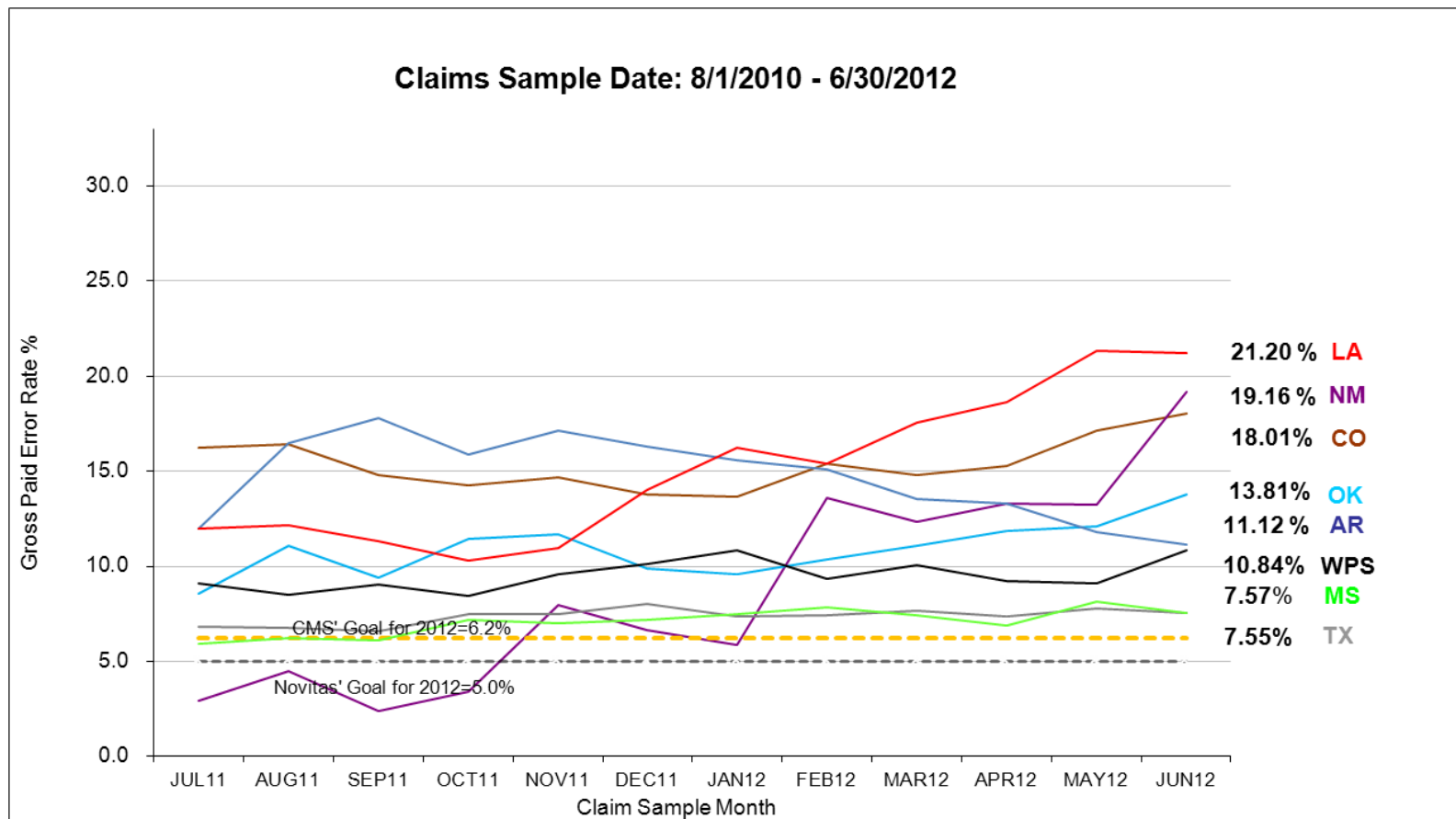
- A listing of the top claim submission errors are listed for Jurisdiction H then by individual JH state
- The reason code assigned, description of the error and resolution are listed within the state option
- <https://www.novitas-solutions.com/claims/index.html>

COMPREHENSIVE ERROR RATE TESTING (CERT) TIPS AND REMINDERS

16

CERT – Jurisdiction H

Part A



Comprehensive Error Rate Testing (CERT)



- Jurisdiction H Part A Common Errors
- Insufficient documentation:
 - No valid physician's order
 - Missing documentation to support minimum 15 hours per week of combined therapy
 - Diagnosis insufficient to support procedure or service billed
 - Skilled Nursing Facility (SNF) 3 day qualifying stay
- Medical necessity errors:
 - Need for an inpatient stay
- Other errors:
 - Diagnosis Related Group (DRG)
 - Laboratory services

<https://www.novitas-solutions.com/cert/errors/2013/a-jan-mar-jh.html>

Comprehensive Error Rate Testing (CERT) Center



- <https://www.novitas-solutions.com/cert/index.html>

Comprehensive Error Rate Testing (CERT) Center

Print Bookmark

What is it? A program developed by Centers for Medicare and Medicaid Services (CMS) to randomly audit claims monthly to determine if they processed correctly. Contractors then use this information to determine the cause of errors working to resolve them.

Why does it matter? To protect the Medicare trust fund and determine error rates nationally and regionally. The error rate assists CMS in determining a contractor's future so it is important for Novitas Solutions to educate our customers about proper billing techniques.

Who is involved? You. A request for medical records from AdvanceMed alerts you that one of your claims has been selected as part of the monthly random sample. If you have a specific contact that you would like to receive requests, please make this known by [visiting the CERT Provider Web site](#).

How does it work? A letter will be sent to your office requesting the medical documentation. You need to comply in a timely manner with the request. No response or sending in only part of the requested documentation will result in a CERT denial and a refund of monies previously paid.

CERT MAC Jurisdiction Definitions:

Jurisdiction 12 (J12): Delaware, Maryland, New Jersey, Pennsylvania, Washington, D.C.

Jurisdiction H (JH): Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Indian Health Service(IHS)/Tribal/Urban Indian and Veterans Affairs Providers

CERT Medical Records Requests

Medical Records are requested from the CERT contractor. Information regarding these requests are linked below.

- [Process of Handling a Providers' Allegation of Medical Record Destruction](#) *
- [Sample Letters](#) *
- [Envelope Used for CERT Record Request](#)
- [Example of Faxback Form Used by CERT Documentation Office to Confirm Receipt of your Medical Records](#)

CERT References

Additional information can be found on the CERT through the links below.

- [CMS CERT Home Page](#) *
- [CMS Provider Compliance](#) *
- [CMS Program Integrity Manual \(IOM 100-8, Chapter 12\)](#) *

Interactive Tools

- [Claim Identifier Tool](#) - [\(View Tutorial\)](#)

Common CERT Errors

Each quarter Novitas Solutions will provide you with information regarding the error types that are causing provider issues. Providers can use this information to avoid the same error.

- [Common CERT Errors For 2012](#)
- [Common CERT Errors For 2011](#)
- [Common CERT Errors For 2010](#)

CERT Reports

CMS issues CERT reports bi-annually. The links below will link you directly to the CMS reports.

- [Medicare Fee-for-Service 2011 Improper Payments Report](#) *
- [2011 Original Medicare Improper Payment Error Rate](#) *
- [Improper Medicare Fee-For-Service \(FFS\) Payments for November 2009](#) *
- [Improper Medicare FFS Payments for May 2008](#) *
- [Improper Medicare FFS Payments for November 2007](#) *

Comprehensive Error Rate Testing (CERT) Program-Appeals Request



- Required information when submitting a CERT appeal request:
 - Identify CERT adjustment by the Type of Bill (TOB) XXH
 - Request for a review, (CERT denial/reduction)
 - Beneficiary name
 - Beneficiary health insurance claim number
 - Claim Identification Document (CID) number identified by CERT
 - Specific service(s) and/or item(s) for which the redetermination is being requested
 - Specific date(s) of service
 - Date of initial determination by CERT
 - Printed name and signature of the person making the request
 - Redetermination Request Form: <https://www.novitas-solutions.com/parta/forms/pdf/parta-redeterm.pdf>

Medicare Quarterly Provider Compliance Newsletter



- The “Medicare Quarterly Provider Compliance Newsletter [Volume 3, Issue 4] “Guidance to Address Billing Errors” (ICN 908787/ July 2013) <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedQtrlyComp-Newsletter-ICN908787.pdf>
- Medicare Quarterly Provider Compliance Newsletter Archive: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MedQtrlyCompNL_Archive.pdf

MEDICARE UPDATES

Centers for Medicare & Medicaid Services (CMS) Administrator's Ruling: Part A to Part B Rebilling of Denied Hospital Inpatient Claims



- Change Request # 8185
- Effective: March 13, 2013, Implementation: July 1, 2013
- Key Points:
 - Ruling permits providers to bill under Part B certain services when an inpatient Part A claim is denied by a Medicare contractor for the reason that the inpatient admission was not reasonable and necessary
 - Includes specific guidance for contractors to accept Part B claims
- For more information:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8185.pdf>
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8277.pdf>

FY 2014 Proposed Rule



- **OPPS** - [CMS-1601-P](#):

Hospital Outpatient Payment System (OPPS) and CY 2014 Payment Rates

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1601-P.html>

- **Physician** - [CMS-1600-P](#):

Revisions to Payment Policies Under the Physician Fee Schedule and Other Revisions to Medicare Part B for CY 2014.

<http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/PhysicianFeeSched/PFS-Federal-Regulation-Notices-Items/CMS-1600-P.html>

FY 2014 Final Rule Fact Sheets – August 2013



- FY 2014 IPPS/LTCH PPS Final Rule [CMS-1599-F]
 - Critical Access Hospital Conditions of Participation – <https://www.novitas-solutions.com/bulletins/parta/newsroom/news08052013.html>
- Final Rule to Improve Quality of Care during Hospital Inpatient Stays
<http://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-Sheets/2013-Fact-Sheets-Items/2013-08-02-3.html>

Applying Multiple Procedure Payment Reductions to Therapy Cap Amounts for Critical Access Hospital (CAH) Claims



- Change Request #8278
- Effective : January 1, 2013 Implémentation : October 7, 2013
- Key Points:
 - Revises the amount applied toward a beneficiary's therapy cap amounts when therapy services are provided in a CAH
 - The requirements of CR8278 ensure that the multiple procedure payment reduction is applied to these amounts
- For More Information:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8278.pdf>

Pass-through Payments for Certified Registered Nurse Anesthetist (CRNA) Anesthesia Services and Related Care



- Change Request #7896
- Effective: January 1, 2013, Implementation: September 9, 2013
- Key Points:
 - Centers for Medicare & Medicaid Services, is clarifying that, in addition to anesthesia services, qualifying Critical Access Hospitals, (CAH) and rural hospitals can receive CRNA pass-through payments for services the CRNA is legally authorized to perform in the state in which the services are furnished
- More Information:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM7896.pdf>

More on Enforcing Interim Billing for Partial Hospitalization Services



- Key Points:
 - Medicare systems will enforce the consistency editing for interim bills as such:
 - First time Partial Hospitalization Program (PHP) services should be billed with bill types (TOB) 131 or 132 (Outpatient Hospital), TOB 851 or 852 Critical Access Hospitals (CAHs) or TOB 761 or 762 Community Mental Health Clinics (CMHC)
 - Continuing Partial Hospitalization program services should be submitted on a TOB 133 (Outpatient Hospital), TOB 853 (CAH) or on a TOB 763 (CMHC)
 - The last claim within the Partial Hospitalization program should be submitted using bill type 134 (Outpatient Hospital), TOB 854 (CAH) or on a TOB 764 (CMHC)
- For more information:
 - <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8048.pdf>
 - <https://www.novitas-solutions.com/bulletins/parta/newsroom/news03272013.html>

International Classification of Diseases 10th Edition (ICD-10) Transition



- ICD-10 compliance date delayed to October 1, 2014
- CMS Resources
 - <http://www.cms.gov/Medicare/Coding/ICD10/index.html>
 - ICD-10 Introduction Fact Sheet
 - ICD-10 Frequently Asked Questions
 - Implementation Guides
 - Check Lists and Time Line
- Keep Up to Date
 - Sign up for CMS ICD-10 Industry Email Updates-
http://www.cms.gov/Medicare/Coding/ICD10/CMS_ICD-10_Industry_Email_Updates.html
 - Follow @CMSGov on Twitter

Sequestration



- Mandatory Payment Reductions in the Medicare Fee-for-Service (FFS) Program
- Applies to Medicare FFS claims with dates-of-service or dates-of-discharge on or after April 1, 2013
- Adjustment applied after determining coinsurance, deductible, and Medicare Secondary Payment adjustments
- 2% reduction in Medicare payment
- 2% reduction applies to unassigned claims payment to beneficiaries
- For more information:
 - <https://www.novitas-solutions.com/sequestration/index.html>

SELF SERVICE OPTIONS

Overpayments



- Novitas identifies overpayment and sends demand letter
 - Copy of demand letter sent with check
 - No form involved with demanded debt
- Provider identifies overpayment
 - Voluntarily sends unsolicited check
 - Use return of monies form
- <https://www.novitas-solutions.com/refman/chapter-24.html>

Notifying Medicare of an Overpayment



- Provide the following Information:
 - Provider name and number
 - Beneficiary's Health Insurance Claim (HIC) number(s)
 - Claim number(s)
 - Reason for overpayment
 - Amount of overpayment
 - Method of repayment
 - Copy of the primary insurance Explanation of Benefits (Medicare Secondary Payer situations only)
 - If you do or do not have a Corporate Integrity Agreement with the Office of Inspector General (OIG)
 - If you are or are not participating in an OIG Self-Disclosure Protocol

Voluntary Refunds



- If a credit balance is identified during the quarter
- Refund improper payment prior to the quarter ending
- Submit payment via check as an unsolicited Return of Money
- Submit check, a corrected UB-04 claim form, and return of monies to Medicare refund form (8322-1A)
- Submit separate check for each provider that was overpaid
- <https://www.novitas-solutions.com/parta/forms/pdf/8322-1a.pdf>

Appeals Status Inquiry Tool



- This tool provides the status of Part A and B Appeal requests
- Each Part A response will include the following information:
 - Date the case was received
 - Case Control Number (CCN)
 - Type of Case – The Part A tracking system uses the same case number for all case types, therefore type is provided to differentiate.
 - Status of Case – Pending or finalized
 - Closed date of case if finalized
 - Document Control Number/claim number (DCN)
- On our website:
 - <https://www.novitas-solutions.com/appeals/status.html>

Provider Enrollment



- Provider Enrollment Status Inquiry Tool
 - <https://www.novitas-solutions.com/enrollment/status.html>
- Release of Information
 - Individual Physician or Practitioner
 - Authorized Delegated Official
- Revalidation
 - Approximately 30% of providers have been revalidated over the past 2 years
 - Revalidations are expected to continue
 - Website Notification Link:
 - <https://www.novitas-solutions.com/enrollment/revalidation/mailing.html>

Customer Service Center



- <https://www.novitas-solutions.com/csc/index.html>

Customer Service Center



[View Current Customer Service Alerts](#)

Please remember that per CMS regulations, providers are required to use the Interactive Voice Response (IVR) unit for Claim Status, Patient Eligibility, Check/Earning and Remittance inquiries.

For Jurisdiction L (JL) - Pennsylvania, New Jersey, Maryland, Delaware and the District of Columbia Providers, call our toll-free number: **1-877-235-8073**.

For Jurisdiction H (JH) - Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Indian Health Service(IHS)/Tribal/Urban Indian Providers and Veterans Affairs Providers, call our toll-free number: **1-855-252-8782**.

Our Single Toll Free Telephone Customer Service Units, including provider services, EDI helpdesk, Enrollment and Claims Corrections are available:

- JL: Monday – Friday 8:00 AM – 4:00 PM EST
- JH: Monday – Friday 8:00 AM – 4:00 PM CT and MT

Single Toll Free Service/Interactive Voice Response Unit (IVR)

- Telephone Inquiry Quick Reference [\[Part A\]](#) [\[Part B\]](#)
- [Interactive Voice Response \(IVR\) Unit Introduction & Hints](#)
- IVR Hours of Availability [\[Part A\]](#) [\[Part B\]](#)
- JL IVR User Guides [\[Part A\]](#) [\[Part B\]](#)
- JH IVR User Guides [\[Part A\]](#) [\[Part B\]](#)
- JH Veterans Affairs IVR User Guide [\[Part A\]](#) [\[Part B\]](#)
- [IVR Name to Number Conversion Tool](#)
- [IVR Alphanumeric Conversion Tool](#)
- [Part A IVR Patient Eligibility Checklist](#)
- [Part B IVR Patient Eligibility Checklist](#)



Self Service Tools

- **Part A and Part B:**
 - [Check your enrollment status](#)
 - [Physician Opt Out Listing](#)
 - Find a Physician [\[JL\]](#) [\[JH\]](#)
 - [Appeals Timeliness Calculator Tools](#)
- **Part B Only:**
 - [Part B Fee Lookup Tool](#)
 - [Part A & B Appeals Status Inquiry Tool](#)
 - [Secondary Liability Calculator](#)
 - [Patient Responsibility Calculator](#)
 - [Psychiatric Calculator](#)



Jurisdiction H Customer Contact Information



- Provider
 - 1-855-252-8782
 - Hours of Operation, Central Time (CT)/Mountain Time (MT)
 - Monday - Thursday: 8:00 am – 4:00 pm CT/MT
 - Friday: 9:00 am – 4:00 pm CT; 8:00 am – 3:00 pm MT
 - Call Flow
 - <https://www.novitas-solutions.com/csc/call-flow-a.html>
 - <https://www.novitas-solutions.com/csc/call-flow-b.html>
- Interactive Voice Response (IVR)
 - Hours of Operation
 - Eligibility and General Information
 - 24 Hours a day 7 Days a week
 - Full IVR Options
 - Mondays: 5:00 am – 7:00 pm CT
 - Tuesday – Friday: 3:00 am – 7:00 pm CT
 - Saturdays: 5:00 am – 3:00 pm CT
 - Step-by-Step Guide
 - <https://www.novitas-solutions.com/csc/ivr/parta-jh.html>
 - <https://www.novitas-solutions.com/csc/ivr/partb-jh.html>

Medicare Part A Center



- <https://www.novitas-solutions.com/parta/index.html>

A screenshot of the Medicare Part A Center website. The page has a blue header with the title "Medicare Part A Center" and a "Print" icon. Below the header, there are two alert boxes: a green one with a checkmark icon stating "There are 6 active informational alerts. Click to view." and a red one with an exclamation mark icon stating "There are 8 active system alerts. Click to view." The main content area is divided into four sections: "Featured Links" with a list of links like "Contractor/Payer ID's" and "Clinical Trials & IDE Requests"; "Looking For..." with a list of links like "IVR Call Flow Guide" and "Provider Based Attestation"; "Part A Alerts, News & Bulletins" with a list of links like "System Alerts (8)" and "View Latest Part A News & Updates"; and "Contact Us" with a list of links like "Call Medicare Part A" and "Send an E-Mail to Medicare Part A". A left sidebar contains a list of navigation links such as "Contact Information", "2013 Participation", and "Beneficiaries/Patients". At the bottom of the sidebar is a "100% 999-2000 CERTIFIED" seal. The page number "39" is visible in the bottom right corner.

Medical Review Center



- <https://www.novitas-solutions.com/mr/index.html>

Medical Review Center

[Print](#) [Bookmark](#)

Introduction to Medical Review

- [Who We Are](#)
- [What We Do](#)
- [How It Is Done](#)
- [What To Expect \(Provider\)](#)
- [Tips for Successful Medical Review](#)



Medical Review Results

- Service Wide Edits for JH providers [\[Part A | Part B\]](#)
- Service Wide Edits for J12 providers [\[Part A | Part B\]](#)
- [Service Wide Probe Results](#)



Resources

- [Inpatient vs. Observation: How Is the Provider to Decide?](#) (Part A Only)
- [CMS Requirements for Diagnostic Tests](#)
- [Evaluation and Management Center](#) (Part B Only)
- [Physician Signature Requirements for Diagnostic Testing](#)
- [CMS Signature Guidelines for Medical Review Purposes](#) *
- [Comparative Billing Reports](#) *
- [Medically Unlikely Events](#) *



Frequently Asked Questions

- [How can I change my address?](#)
- [How can I access Medical Review results?](#)
- [Where are the Local Coverage Determination \(LCDs\) found for J12 and JH?](#)
- [Where are the National Coverage Determination \(NCDs\) found?](#) *
- [What should you know about Additional Documentation Requests \(ADRs\)?](#)



Centers for Medicare & Medicaid Services (CMS) & Other Related Links

- [CMS Medical Review Site](#) *
- [CMS National Provider Identifier \(NPI\) Website](#) *
- [Medicare Learning Network \(MLN Matters Articles\)](#)



Contact Information

- Medical Review Mailing Addresses for JH providers [\[Part A | Part B\]](#)
- Medical Review Mailing Addresses for J12 providers [\[Part A | Part B\]](#)
- [Customer Contact Center](#)



I N N O V A T I O N I N A C T I O N

Calendar of Events



- Our Training and Events Center offers a wide variety of education
- Join us for Workshops, Teleconferences, and Webinars
- To view the most current calendar of events, visit:
 - <https://www.novitas-solutions.com/training/index.html>

Centers for Medicare & Medicaid Services (CMS)



- The CMS website offers valuable resources such as:
 - CMS Internet Only Manuals (IOMs)
 - Medicare Learning Network (MLN) Matters Articles
 - Open Door Forum
- For additional resources visit:
 - <http://www.cms.gov/>

Contact Information



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- Debra.fulfer@novitas-solutions.com

- Gregory Hart
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THANK YOU!